

### State Plan Definition for HMO

The State of Missouri may contract on a risk basis with federally qualified HMOs and with entities that are not federally qualified HMOs but which meet the State definition of an HMO for the services specified in Title 42 CFR Section 434.21. Under the State's definition of an HMO, the HMO must meet the following requirements:

- (1) Be organized primarily for the purpose of providing health care services;
- (2) Make the services it provides to its Title XIX enrollees as accessible to them in terms of timeliness, amount, duration, and scope as those services are to non-enrolled Title XIX recipients within the area served by the HMO;
- (3) Make provision, as required by the Commissioner of Insurance, against the risk of insolvency, and assure that Title XIX enrollees will not be liable for the HMO's debts if it does become insolvent; and
- (4) Meet all other requirements for a certificate of authority as set out by the Division of Insurance and receive such certificate.

Any contract between the State and a federally qualified HMO or an entity that meets the State's definition of an HMO must meet the applicable requirements contained in Title 42 CFR Section 434.6, Subpart C, and Subpart D.

State Plan TN# MS8703 Effective Date 01/01/87  
Supersedes TN#                      Approval Date 04/02/87